Open Enrollment

Active State Employees 2007

Benefit Services Division

Benefit Options
Choice. Value. Health.

JANET NAPOLITANO
Governor

WILLIAM BELL
Director

ARIZONA DEPARTMENT OF ADMINISTRATION

100 N 15TH AVE, SUITE 103
PHOENIX, ARIZONA 85007

(602) 542-5008

August 1, 2007

Dear Benefit Options Member:

The State of Arizona offers a comprehensive employee benefits package through the Arizona Benefit Options program. The program includes medical, dental, vision, short- and long-term disability, life insurance and dependent life insurance. We are proud to offer the program to employees this year without any additional cost for your premium contribution.

Employees may make changes to their selected options on an annual basis during Open Enrollment. This year, Open Enrollment begins August 13, 2007, and ends on September 10, 2007. The effective date for all changes will be the beginning of the new plan year, October 1, 2007.

There are numerous changes to our Benefit program this year, which are detailed in the following pages. The changes include a new coverage category which allows an employee plus spouse or employee plus child to pay less than the family premium amount. We hope this will be an attractive alternative for married couples and one parent families. Additionally, there are several benefit changes: coverage for smoking/tobacco cessation aids; substance abuse residential treatment; annual mammograms for women 40 to 49 years of age; an increase in the annual physical examination limit; and some increases to co-pays for non-routine (specialty and emergency) treatment. I urge you to read this booklet carefully to gain an understanding of these changes.

This year the Benefit Options program is conducting a **Positive Open Enrollment**. This means that **all employees must re-enroll** in the insurance programs they wish to continue. Re-enrollment is easy through YES, the web-based employee information system. Instructions for re-enrollment are included in this packet.

If you have questions about the programs, you may contact the carriers, your agency benefits liaison, or the Benefit Services Division by telephone or through the website at *www.benefitoptions.az.gov*. You may also opt to attend a Benefits Fair; see the schedule to find one near you. Benefit representatives will be available to answer your questions at these open-house sessions.

We are proud that state government continues to support our self-insurance plan and assume a significant portion of the premium costs. To maintain a viable program and continue to offer State employees a comprehensive benefits package, Benefit Options reserves the right to make periodic changes to the Plan. As noted earlier, changes for the upcoming plan year are detailed in this booklet. For a full report on how Benefit Options manages the self insurance trust, I encourage you to review the annual report at *www.benefitoptions.az.gov*. Choose the “News and Events” section on the opening screen and select 2006 Benefit Options Annual Report.

Sincerely,

William Bell
Director

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 602.542.5008, option 2.

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The Benefit Options Guide is designed to provide an overview of the Benefit Options Program and the benefits offered through the State of Arizona. The actual benefits available to you and the descriptions of these benefits are governed, in all cases, by the relevant Plan Descriptions and contracts. The State of Arizona reserves the right to modify, change, revise, amend or terminate these benefit plans at anytime.

WHAT'S NEW FOR PLAN YEAR 2007-2008

There are numerous changes to our Benefit program this year. This is a summary of the changes for our Plan effective October 1, 2007:

Eligibility Change:

One of the most important changes this year is the addition of a new category for "Employee + one dependent." This category or tier of coverage is intended to aid those who formerly had to enroll in the "Family" tier. Examples of persons eligible are: employee and spouse or employee and one child. This tier is not available to unmarried couples or domestic partners. We will request proof of the relationship between those applying for this tier unless we already have the evidence in our files. "Dependent" is defined in the Benefits Enrollment Guide, which is available at *www.benefitoptions.az.gov*.

Plan Design Changes:

Smoking/Tobacco Cessation Aids: To assist members with their efforts to quit smoking, the plan will now reimburse members for smoking/tobacco cessation aids (nicotine patch, nicotine gum, etc.) up to a cost of $500 per lifetime. There are numerous resources available to assist those who wish to quit tobacco use. These resources include the Arizona Department of Health Services Tobacco Education and Prevention Program (602- 364-0824), ASH program (1-800-556-6222) and the member's County Health Department.

Voluntary and court ordered substance abuse residential treatment: Previously, only hospitalizations for those with chemical and alcohol dependency were covered. Studies demonstrate that residential treatment allows for better treatment and a better success rate. Current costs for acute hospital treatment run over $14,000 per stay, while residential treatment is less than half that cost. Our goal is to increase the likelihood of success for our members while reducing costs.

Encouraged use of generic medications: Physicians have the option of approving the "generic substitution" on prescriptions. When there is a generic available and the member insists the prescription be dispensed as written (rejecting the generic), the pharmacy will ask the member to pay the difference between the generic version and the brand version of the named drug.

This policy change will require more members to choose generic drugs. If there is a medical reason for the brand name drug, the physician should not approve the "generic substitution" option. Accordingly, the member will not be charged the difference if the physician designates "no substitution."

Increase the annual physical examination limit from $250 to $1500: The prior limit was not adequate to cover all lab and diagnostic testing. If these preventative services (yearly physical) totaled more than $250, members were asked to pay the overage.

This change does not change the fee schedule for physicians and laboratories. It is intended to encourage thorough examinations to detect illness or serious conditions earlier.

Approve mammograms annually for women 40-49 years of age: This change models the recommendations from the American Cancer Society. Women 40 years and older are encouraged to receive regular annual screenings.

Increase Emergency Room Co-pays from $75 to $125 per visit: In 2006, Plan members visited emergency rooms over 25,000 times. Many of these services could have been safely provided at an urgent care facility or a physician's office. Waits for non-emergent care at emergency rooms are often three and four times the wait at urgent care centers.

All plans have arrangements with urgent care centers and co-pays for those visits remain at $20. Members can call their plan Nurseline or help number for assistance in deciding whether to seek emergency or urgent care.

Seek emergency care if a life is in jeopardy or permanent loss is imminent.

Raise specialist co-pays from $10 to $20: Many patients seek specialty care when primary care would suffice. When routine conditions are the cause of the visit, specialists generally cost the plan much more than primary care physicians.

Primary care physicians include: general medicine, internal medicine, family medicine, and OB. We encourage members to carefully consider which type of physician is needed before making appointments. Plan Nurseline or triage staff may assist members who are unsure about which level of care to seek.

YOUR CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2007 - 2008

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY MEDICAL PREMIUMS	SINGLE			EMPLOYEE + ONE DEPENDENT			FAMILY		
	Your Cost	State Cost	Total Prem	**Your Cost**	State Cost	Total Prem	**Your Cost**	State Cost	Total Prem
Central Region: Maricopa, Gila, Pinal Counties									
RAN+AMN (HMA) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
Schaller Anderson (SA) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
UnitedHealthcare (UHC) EPO	$25.00	$436.91	$461.91	$50.00	$862.49	$912.49	$125.00	$1,110.14	$1,235.14
AZ Foundation (AZF) PPO	$140.00	$609.01	$749.01	$280.00	$1,199.66	$1,479.66	$390.00	$1,612.86	$2,002.86
UnitedHealthcare (UHC) PPO	$140.00	$609.01	$749.01	$280.00	$1,199.66	$1,479.66	$390.00	$1,612.86	$2,002.86
Southern Region: Pima and Santa Cruz Counties									
RAN+AMN (HMA) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
Schaller Anderson (SA) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
UnitedHealthcare (UHC) EPO	$25.00	$423.13	$448.13	$50.00	$835.28	$885.28	$125.00	$1,073.32	$1,198.32
AZ Foundation (AZF) PPO	$140.00	$549.68	$689.68	$280.00	$1,082.45	$1,362.45	$390.00	$1,454.21	$1,844.21
UnitedHealthcare (UHC) PPO	$140.00	$549.68	$689.68	$280.00	$1,082.45	$1,362.45	$390.00	$1,454.21	$1,844.21
Northern Region: Yavapai, Coconino, Navajo, and Apache Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Southeastern Region: Graham, Greenlee, and Cochise Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Western Region: Mohave, La Paz, and Yuma Counties									
RAN+AMN (HMA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
Schaller Anderson (SA) EPO	$25.00	$586.28	$611.28	$50.00	$1,157.59	$1,207.59	$125.00	$1,509.59	$1,634.59
AZ Foundation (AZF) PPO	$140.00	$642.38	$782.38	$280.00	$1,265.58	$1,545.58	$390.00	$1,702.10	$2,092.10
Out-of-State									
BeechStreet PPO	$25.00	$776.98	$801.98	$50.00	$1,534.31	$1,584.31	$125.00	$2,019.51	$2,144.51

MONTHLY DENTAL PREMIUMS	SINGLE						FAMILY		
	Your Cost	State Cost	Total Prem				**Your Cost**	State Cost	Total Prem
Employers Dental Service (EDS)	$4.02	$6.18	$10.20				$18.16	$11.50	$29.66
Assurant Employee Benefits	$4.68	$6.18	$10.86				$18.02	$11.50	$29.52
Delta Dental (DELTA)	$14.56	$19.76	$34.32				$54.14	$58.03	$112.17
MetLife Dental (METLIFE)	$12.90	$19.59	$32.49				$45.00	$59.14	$104.14

MONTHLY VISION PREMIUMS	SINGLE				FAMILY
Avesis	$6.34				$17.18

** Continued on Next Page*

YOUR CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2007 - 2008

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY PREMIUMS SUPPLEMENTAL LIFE PLAN	
YOUR AGE	**Cost per $5,000**
29 and Under	$0.50
30-34	$0.60
35-39	$0.70
40-44	$1.20
45-49	$1.60
50-54	$2.60
55-59	$3.70
60-64	$6.70
65-69	$6.70
70+	$10.60
Revision August 1, 2007	

MONTHLY PREMIUMS - DEPENDENT LIFE PLAN	
COVERAGE AMOUNT	**YOUR COST**
$2,000.00	$0.94
$4,000.00	$1.88
$6,000.00	$2.82
$12,000.00	$5.64
$15,000.00	$7.05

MONTHLY PREMIUMS SHORT TERM DISABILITY PLAN
YOUR COST - MONTHLY
$0.87 per $100 of your monthly base salary Monthly premium = (Monthly base salary/100) × $0.87
Example: Monthly base salary = $1000; Monthly premium = ($1,000/100) × $0.87 = $8.70/monthly

IMPORTANT INFORMATION

Enrollment Dates and Times

Open Enrollment will begin Monday, August 13th at 8 a.m. and will end on Monday, September 10th at 5 p.m.(Arizona time). Changes made during Open Enrollment will become effective October 1, 2007.

Information To Gather Prior To Enrolling

- Your Employee Identification Number (EIN). Your EIN can be found on your paycheck or direct deposit pay stub.
- Dependent names and dates of birth. You will need this information to add any eligible dependents to your benefits coverage.
- Beneficiary or Trust information. You will need this information if you wish to make changes to your beneficiary or trust information.

Who To Contact With Questions

If you have questions regarding Open Enrollment after reviewing this packet, you may contact ADOA Benefits via email or telephone. You may also contact your agency benefits liaison.

You may reach the ADOA Call Center by calling 602.542.5008 or toll-free 800.304.3687. The Call Center will be staffed from 8 a.m. to 5 p.m. Monday through Friday (Arizona time) throughout the Open Enrollment period. Send your email questions to *beneissues@azdoa.gov*. For more Open Enrollment and benefits plan information, visit our website at *www.benefitoptions.az.gov*.

YES LOGIN PROCESS

To get started, go to *www.yes.az.gov*

If you have already established your User Name and Password, click on Log In. You will be prompted to enter your User Name and Password.

If you are a first-time user to the YES site, click on New User to set up your password and establish your user information.

If you have forgotten your password and/or wish to change your password, click on Forgot Password and follow the on-screen instructions.

To set up or change your password, you will need to enter the following information in the State Employees/Power User box:

- User ID - This is your Employee Identification Number (EIN) which can be found on your timesheet or paycheck stub, preceeded by either three or four zeros. (See note below)
- Last 4 digits of your Social Security Number
- Date of Birth

After your information has been entered, click on the "Login" button. You will be prompted to establish a password. Please note the following criteria when creating your password:

- Password MUST be between 8 and 12 characters
- Password CAN ONLY contain letters and numbers
- Password MUST have at least 2 letters and 2 numbers
- Password IS case sensitive

For verification, you will be asked to retype your password and it must match exactly. Click on the "Submit" button to continue.

If successful, you will receive a message stating that your password has been updated. Click on the YES link which will take you back to the YES login page. At the login page, click on the Log In link and you will be prompted to enter your User Name and Password.

NOTE: As a reminder, your User Name is your EIN. When logging into the YES site, your User Name must contain nine digits. Since an EIN is either five or six digits in length, you will need to add in either three or four zeros before your EIN to equal nine digits. See examples below:

- If your EIN is five digits (12345), you will type four zeros, then your EIN to make up nine digits (e.g., 000012345)
- If your EIN is six digits (123456), you will type three zeros, then your EIN to make up nine digits (e.g., 000123456)

Once your User Name and Password have been entered, click on the "Ok" button which will bring you to the YES homepage.

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 602.542.5008, option 2.

OPEN ENROLLMENT BENEFIT FAIRS

You are invited to attend any benefit fair(s) that is convenient for you.

ADOA — 100 N. 15th Ave, Room 300, Phoenix

August 20th	10:00am – 2:00pm
August 31st	11:00am – 1:00pm
September 5th	10:00am – 2:00pm

ADOA (Tucson) — 400 W. Congress, Atrium, Tucson

August 30th	10:00am – 2:00pm

U of A — 1303 E. University Blvd, Student Union North Ballroom, Tucson

August 27th	10:00am – 2:00pm

ASU — Arizona State University, Tempe Campus Memorial Union, Turquoise Room #208F, Tempe.

August 29th	10:00am – 2:00pm

NAU — 306 E. Pine Knoll Drive, Building #64, Ballroom 2nd Floor, du Bois Center, Flagstaff.

September 6th	9:00am – 4:00pm

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternative format, please call 602.542.5008, option 2.

Important Contact Information

Contact	Phone Number	Web Address	Policy Number
Medical Plans			
Fiserv Health - Harrington Benefits (Arizona Foundation, Beech Street, RAN+AMN, Schaller Anderson Healthcare)	1.888.999.1459	www.myazhealth.com	3J
TDD/TTY	1.866.503.3463		
UnitedHealthcare	1.800.896.1067	www.myuhc.com	705963
TDD/TTY	1.888.697.9055		
Pharmacy			
Walgreens Health Initiatives	1.866.722.2141	www.mywhi.com	512298
Dental Plans			
Delta Dental	1.800.352.6132	www.deltadentalaz.com	7777-0000
Employers Dental Services	1.800.722.9772	www.mydentalplan.net	6300
Assurant Employee Benefits	1.800.443.2995	www.assurantemployeebenefits.com	EA82
MetLife Dental	1.800.942.0854	www.metlife.com/dental	94739
Vision Plan			
Avesis, Inc.	1.800.828.9341	www.avesis.com	10790-1040
Flexible Spending Accounts			
ASI - Member Services	1.800.659.3035	www.asiflex.com email: asi@asiflex.com	
Life and Short Term Disability Plans			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona/	617950
Long Term Disability			
Sedgwick CMS formerly (VPA) (ASRS participants)	1.818.591.9444	www.vpainc.com	
Standard Insurance Company (PSPRS, EORP, CORP, OPT RET Participants)	1.866.440.4846	www.standard.com/mybenefits/arizona/	
Travel Assistance			
MEDEX	1.800.633.8575	www.standard.com/mybenefits/arizona/	7088
Other Important Numbers			
Benefit Options Wellness	602.771.WELL	www.benefitoptions.az.gov/wellness/ email: wellness@azdoa.gov	
Employee Assistance Program	602-771-9355	www.benefitoptions.az.gov/wellness/eap.asp email: wellness@azdoa.gov	
ADOA Benefits Office 100 N 15th Ave #103 Phoenix, AZ 85007	602.542.5008 or 1.800.304.3687	www.benefitoptions.az.gov email: beneissues@azdoa.gov	

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.
If you need this information in an alternative format, please call 602.542.5008, option 2.

ELIGIBILITY

Active employees regularly scheduled to work 20 hours or more per week for six months or longer (except those listed below as ineligible) and their qualified dependents may participate in the Benefit Options Programs, provided they comply with the contractual requirements of their selected plans.

Ineligible Employees

- Employees who work fewer than 20 hours per week
- Employees in seasonal, temporary or emergency positions
- Patients or inmates employed in State institutions
- Non-State employee officers and enlisted personnel of the National Guard of Arizona
- Employees in positions established for rehabilitation purposes
- Student and work study employees

Eligible Dependents

At Open Enrollment you may add or remove the following dependents to your plans, however, proper documentation may be required.

- Your legal spouse
- Natural, adopted and/or stepchildren unmarried and under age 19, or under 25 if a full-time student at an accredited educational institution
- Minors under the age of 19 for whom the employee-member has court-ordered guardianship
- Foster children under the age of 19
- Children placed in the employee's home by court order pending adoption
- Natural, adopted and/or stepchildren who were disabled prior to age 19

Please note: If your dependent child is approaching age 19 and is disabled, application for such continuation of dependent status must be made within 31 days of the child's 19th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration guidelines, that occurred prior to his or her 19th birthday.

Dependent Documentation Requirements

If you are enrolling a spouse or dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse or a birth certificate or court order for dependents, is provided to the ADOA Benefits Office. If your dependent is a full-time student over the age of 19, your insurance carrier will request a copy of the dependent's class schedule.

Qualified Medical Child Support Order (QMCSO)

You may not terminate coverage for a dependent covered by a QMCSO.

If You and Your Spouse are State Employees

If both you and your spouse are benefits-eligible State of Arizona or university employees you cannot carry coverage under your name with the State and also be covered under your spouse through the State. Under no circumstances may an employee elect dual coverage.

OTHER IMPORTANT INFORMATION

ID Cards

Typically, ID cards will arrive seven to fourteen business days after your benefits become effective on October 1, 2007. ID cards will be sent separately and are sent directly from the vendor to your home address.

- ID cards for your medical plan will be issued.
- If you enroll or change Dental Plans, new ID cards will be issued.
- If you are newly enrolled in Vision coverage, new ID cards will be issued.
- Contact the vendor directly if you do not receive your cards or if you need additional or replacement cards.
- UnitedHealthcare and Avesis allow members to print temporary ID cards from their website.

Transition of Care Information

If you are a new employee and/or changing from Arizona Foundation, Beech Street, RAN/AMN, or Schaller Anderson to UnitedHealthcare (or from UnitedHealthcare), you may continue an active course of treatment with your health care provider and receive in-network benefits during the pre-approved transition period, if one of the following applies:

1. You have a life threatening disease or condition;
2. If you have been receiving care, and a continued course of covered treatment is Medically Necessary, you may be eligible to receive "transitional care" from the non-Participating Provider;
3. You have entered the third trimester of pregnancy on the effective date of enrollment; or
4. If you are in your second trimester of pregnancy and your doctor agrees to accept our reimbursement rate and to abide by the Plan's policies and procedures and quality assurance requirements.

There may additional circumstances where continued care by a provider no longer participating in the network will not be available, such as when the provider loses his license to practice or retires.

You may obtain a copy of the Transition of Care form at *www.benefitoptions.gov*.

Plan Contact Information:

AFMC RAN/AMN Schaller Anderson Healthcare
Transition of Care
Schaller Anderson Healthcare, LLC
PO Box 13353
Phoenix, AZ 85002-3353
Fax .866.543.2187

UnitedHealthercare
Transition of Care
PO Box 30555
Salt Lake City, UT 84130-0555
Fax: 801.567.5499

Medical Plan Information

What plans are available for me to choose from?
There are two types of medical plans offered for active employees. They are the Exclusive Provider Organization (EPO) and the Preferred Provider Organization (PPO).

If you choose an EPO you must obtain services from a contracted provider in your network and your cost is a minimal co-pay. The EPO plans are:

- RAN+AMN
- Schaller Anderson Healthcare
- UnitedHealthcare

If you choose a PPO, it allows in-network and out-of-network treatment. If you obtain treatment out-of-network, you will need to meet a plan year deductible and pay a percentage of all covered services. The PPO plans are:

- Arizona Foundation
- UnitedHealthcare
- Beech Street (Out of State)
- BlueCross BlueShield (NAU Only)

What is the cost of medical coverage?
Please refer to your rate chart for information regarding monthly premiums.

How do I find in-network (contracted) providers with my medical plan?
You can perform a provider search on the plan's website, or you may call the plan's customer service line.

When does my coverage become effective?
Changes made during Open Enrollment 2007 will become effective October 1, 2007.

When will I receive my ID cards?
ID cards typically arrive 7-14 business days after your benefits become effective.

MEDICAL PLANS COMPARISON CHART

	EPOs	PPOs	
These plans are available to employees statewide	RAN+AMN EPO Schaller Anderson Healthcare EPO	Arizona Foundation Medical Care PPO	
In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties	UnitedHealthcare EPO	UnitedHealthcare PPO	
This plan is available to employees living out of state.		Beech Street PPO	
DEDUCTIBLE/MAXIMUMS	**In-Network Co-Pay**	**In-Network Co-Pay**	**Out-of-Network Out-of-Pocket**
PCP REQUIRED FOR EACH MEMBER?	NO	NO	NO
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	NO	NO	NO
PLAN YEAR DEDUCTIBLES INDIVIDUAL EMPLOYEE + ONE / FAMILY	$0 $0	$0 $0	$300 $600
OUT-OF-POCKET MAXIMUMS INDIVIDUAL EMPLOYEE + ONE / FAMILY	$0 $0	$1,000 $2,000	$3,000 $6,000
LIFETIME MAXIMUMS	$0	$0	$2,000,000
PHYSICIAN SERVICES Office Visits/consultations	$10 Max of 1 co-pay/day/provider	$10 Max of 1 co-pay/day/provider	30%* After Deductible
SPECIALIST VISITS (new co-pay)	*$20*	*$20*	*30%* *After Deductible*
PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	$10	$10	30%* After Deductible
MAMMOGRAPHY SCREENING (Coverage based on patient age or threat)	$0	$0	30%* After Deductible
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	$0	$0	30%* After Deductible
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	$0	$0	30%* After Deductible
Intensive Care	$0	$0	30%* After Deductible
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologist	$0	$0	30%* After Deductible
EMERGENCY CARE Urgent Center Care	$20	$20	30%* After Deductible
Emergency room (new co-pay)	*$125, waived if admitted*	*$125, waived if admitted*	*$125, waived if admitted*
Ambulance (for medical emergency or required interfacility transport)	$0	$0	Emergency paid at in-network benefit rate
CHIROPRACTIC	$10	$10	30%* After Deductible
PRE-EXISTING CONDITIONS	COVERED	COVERED	COVERED
DURABLE MEDICAL EQUIPMENT	$0	$0	30%* After Deductible
BEHAVIORAL HEALTH			
Outpatient	$10	$10	$10
Inpatient	$0	$0	30%* After Deductible

**Percentages paid based on Reasonable and Customary Charges.*

This is a Summary only; please see Plan Descriptions for detailed provisions.

Pharmacy Plan Information

If I change my medical plan, will my pharmacy benefit change? Or, is there a separate enrollment process for the pharmacy benefit?
If you elect any Benefit Options medical plan, Walgreens Health Initiatives (WHI) will be the network you use for pharmacy benefits. Enrollment is automatic when you enroll in a medical plan, and there is no separate cost.

How does the plan work?
The WHI network consists of more than 62,000 participating chain and independent pharmacies nationwide, with 1,000 member pharmacies in Arizona. All prescriptions must be filled at a network pharmacy or through the mail order service. The cost of prescriptions filled out-of-network will not be reimbursed. To find a pharmacy near your home, work address, out-of-town vacation address, or your dependent student's out-of-state address, refer to *www.mywhi.com*.

Multilingual customer service representatives are available 24 hours a day, 7 days a week at 1.866.722.2141 to assist you.

The WHI plan has a three-tier formulary; the cost for up to a 30-day supply of medication bought at a retail pharmacy is $10 for a generic drug, $20 for a preferred (formulary) drug, and $40 for a non-preferred (non-formulary) drug. You can find information on WHI's formulary and look up the cost for specific drugs at *www.mywhi.com*.

The Walgreens Health Initiatives Preferred Medication List (PML), also known as a formulary, is a list of medications that will allow you to maximize the value of your prescription benefit. These generic and brand name medications, chosen by a committee of doctors and pharmacists, are available at a lower cost than their more expensive brand-name counterparts. The PML is updated quarterly and as needed throughout the year to add significant new medications as these become available.

Medications that no longer offer the best therapeutic value for the plan are deleted from the PML once a year, and a letter is sent to any member affected by the change. To see what medications are on the PML, log on to *www.mywhi.com* or contact the WHI Customer Care Center to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the medications you need which saves money for you and your plan.

What is the "mail order service" and how do I take advantage of it?
A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions, or who will be in an area with no participating retail pharmacy for an extended period of time. Here are a few guidelines and benefits when using the mail order service:

- You must submit a written 90-day prescription from your physician for any new mail order drug.
- You may request up to a 90-day supply of medication for two co-pays.
- You may fill a 12 month supply of medication with prior authorization.
- You may pay by check or charge your co-pay to a Visa, MasterCard, American Express, or Discover account.
- You may register your email address to receive information on your orders.
- You can order refills online at *www.mywhi.com* or via phone at 1.866.722.2125.
- One-on-one consultations with a licensed pharmacist are also available at this number.

Clinical Prior Authorization
Prescriptions for certain medications or circumstances require clinical approval before they can be filled, even with a valid prescription. Prescriptions may be limited to quantity, frequency, dosage, or may have age restrictions. The authorization process may be initiated by you, your local pharmacy, or your physician by calling WHI at 1.877.665.6609, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Specialty Pharmacy Program
Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy. This program assists you with monitoring your medication needs for certain conditions and by providing patient education. The Specialty Pharmacy Program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage, handling, and delivery. Specialty medications are limited to a 30-day supply and may be obtained only at a Walgreens retail pharmacy or via the mail order service. Call Walgreens Specialty Pharmacy at 1.888.782.8443 for further information on this program.

A Specialty Care Representative may contact you to facilitate your enrollment in the WHI Specialty Pharmacy Program. Trained Specialty Care pharmacy staff are available 24 hours a day, 7 days a week, to assist you. You may also enroll directly into the program by calling 1.888.782.8443.

Non-Covered Drugs
Certain medications are not covered as part of the Benefit Options plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

DENTAL PLANS INFORMATION

Following is a brief description of the dental plans available through Benefit Options. For a complete listing of covered services for each plan, please refer to the plan description located on the website, *www.Benefitoptions.az.gov*. Occasionally, covered services and supplies are subject to change based on the American Dental Association Guidelines. These changes may also result in a change to your co-payment.

What plans are available for me to choose from?
Employees may choose between two plan types. They are the Prepaid and the Preferred Provider Organization (PPO) plans.

Prepaid Plans

- You must see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums.
- No claim forms.
- No waiting periods.
- Pre-existing conditions are covered.
- Set co-payments for services provided by your general dentist.

Employers Dental Services (EDS)
You must choose one dentist for your family from a network of participating dentists. You can change your dentist at any time by contacting EDS or by using the "change my dentist" function on the website *www.mydentalplan.net*. Members can self refer to Specialists within the network. Specialty services are provided at up to a 25% discount off the Specialist's normal fees. Separate lab fees apply to some services as indicated in the schedule of benefits.

Assurant Employee Benefits
Each family member can choose a different dentist. You can self refer to a Specialty Benefit Amendment (SBA) Specialist in the Network who accepts a co-pay for most common procedures, listed under the SBA. If a procedure is not listed in the SBA co-pay schedule or the Specialist does not participate in the SBA, you will receive a discount off the Specialist's normal retail charges. This discount also includes Orthodontic Services.

Indemnity/PPO Plans

- You may see ANY licensed dentist anywhere in the world.
- Deductible and/or out-of-pocket payments apply.
- You have a maximum benefit of $2,000 per person per plan year for dental services.
- There is a maximum lifetime benefit of $1,500 per person for orthodontia.
- You may need to submit a claim form for eligible expenses to be paid.
- Benefits may be based on reasonable and customary charges.

Delta Dental

Over 80 percent of Arizona's licensed dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or co-payments are met. Amounts billed by network providers in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.

MetLife Dental

MetLife participating dental providers accept negotiated fees as payment in full after your deductibles and co-payments are met. These fees are typically 15 to 30 percent below average rates. Non-covered services provided by a participating dentist are also charged at a lower rate. Covered expenses from a non-participating dentist are paid according to established reasonable and customary charges.

Dental Plans Comparison Chart

	Employers Dental Services	Assurant Employee Benefits	Delta Dental	MetLife Dental
PLAN TYPE	Prepaid	Prepaid	Indemnity/PPO	Indemnity/PPO
DEDUCTIBLES	None	None	$50/$150	$50/$150
PREVENTIVE CARE	Co-Pay	Co-Pay	Co-Insurance	Co-Insurance
Office Visit	$5	*$10*	$0 Deductible Waived*	$0 Deductible Waived*
Oral Exam	$0	$0	$0 Deductible Waived	$0 Deductible Waived
Prophylaxis/Cleaning	*$7*	*$5*	$0 Deductible Waived	$0 Deductible Waived
Fluoride Treatment (to age 19)	$0	$0	$0 Deductible Waived	$0 Deductible Waived
X-Rays	$0	$0	$0 Deductible Waived	$0 Deductible Waived
BASIC RESTORATIVE	Co-Pay	Co-Pay	Co-Insurance	Co-Insurance
Office Visit	$5	*$10*	20%*	20%*
Sealant (to age 19)	$12/tooth	*$15/tooth*	20%	20%
Filings	*$13-$30 (amalgam)*	*$20-$45 (amalgam)*	20%	20%
Extractions	*$55 (single)*	*$20 (single)*	20%	20%
Periodontal Gingivectomy	*$225 Per Quadrant*	*$150 Per Quadrant*	20%	20%
Oral Surgery	*$55-$120*	*$20-$135*	20%	20%
MAJOR RESTORATIVE				
Office Visit	$5	*$10*	50%*	50%*
Crowns	*$280 + Lab*	*$265 + Lab*	50%	50%
Dentures	*$325 + Lab*	*$365 + Lab*	50%	50%
Fixed Bridgework	*$280+ Lab*	*$305 + Lab*	50%	50%
Crown/Bridge Repair	*$5 + Lab*	*$25*	50%	50%
Inlays	*$135-$170*	*$230-$305 + Lab*	50%	50%
ORTHODONTIA				
Child	25% discount of Plan Specialist normal retail	25% discount of Plan Specialist normal retail	50%	50%
Adult	25% discount of Plan Specialist normal retail	25% discount of Plan Specialist normal retail	50%	50%
TMJ Services				
Exam, services, etc.	Up to 25% of normal fees	Up to 25% of normal fees	No coverage	No coverage
MAXIMUM BENEFITS				
Annual combined preventive, basic, and major services	No dollar limit	No dollar limit	$2,000/person	$2,000/person
Orthodontia Lifetime	No dollar limit	No dollar limit	$1,500/person	$1,500/person

**Office visit and exams of any type are covered only two times a year at 100%.*

This is a Summary only; please see Plan Descriptions for detailed provisions.

VISION PLAN INFORMATION

Coverage for vision examinations and corrective eyewear is available through Avesis, Incorporated. Employees are responsible for the full premium cost of this voluntary plan for themselves and their dependents.

You may receive services from either a participating or a non-participating provider *once per plan year*. Exceptions are the LASIK benefit which is available one time only and only with a participating LASIK center, and additional eyewear benefit which you may use as many times as you wish with a discount within a participating provider's office

Participating Provider
To find a participating provider, either go online to *www.avesis.com* or call Avesis customer service at 1.800.828.9341. Then call the provider and identify yourself as an Avesis member employed by the State of Arizona and schedule your appointment. You can choose to receive your services from a participating optometrist, ophthalmologist or selected retail chain stores.

Participating Provider Fee Schedule	Co-pay	Allowance Given to Employee
1) Vision examination and **one** of the following:	$10	
a) Single, bifocal, trifocal, or lenticular lenses and frame		$100 - $150 allowance
b) Contact Lens*		$130 allowance
c) LASIK Surgery		$150 allowance
2) Options (E.g. Progressive lens, tinting, coatings, transitional lens)		20% discount from provider's fee

* Contact lenses would be covered in full if considered medically necessary.

Non-participating Provider
If services are received from a non-participating provider, you will pay the provider at the time of service and submit a claim to Avesis for reimbursement. The claim must be filed within three months from the date of service and include your name, member ID number and mailing address, the patient's name and date of birth, the group name and number, and an itemized statement of services. An out-of-network reimbursement form is available by visiting the Avesis website at *www.avesis.com*.

Non-Participating Provider Fee Schedule	Employee is Reimbursed
Vision Examination	Up to $50
Single Vision Lenses	Up to $30
Bifocal Lenses	Up to $45
Trifocal Lenses	Up to $55
Lenticular Lenses	Up to $110
Progressive Lenses	Up to $45
Frames	Up to $50
Options (e.g. tinting, coatings)	No reimbursement
Contact Lens Benefit*	
Elective	$150
Medically Necessary	$300
LASIK Surgery	Not Covered

*Member may choose to receive one of the following within their plan period: 1) spectacle lenses and a frame, OR the contact lens benefit. The Contact Lens Benefit takes the place of the exam, lenses and frame within that plan period.

This is a brief description of your voluntary vision care plan available through Benefit Options. For a complete listing of covered services for this plan, please refer to the plan description located on the website, *www.Benefitoptions.az.gov* or contact Avesis directly at 1.800.828.9341.

ARIZONA, NATIONAL AND INTERNATIONAL COVERAGE
(Medical, Dental, and Vision)

	Within Arizona	Within U.S.	International
MEDICAL			
EPO Plans			
RAN+AMN	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
Schaller Anderson Healthcare	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
UnitedHealthcare	Covered in-network	Covered using UHC EPO provider network	Emergency and Urgent Only
PPO Plans			
Arizona Foundation	Covered in/out-network	Covered using AZF PPO in/out-network or Beech Street Provider	Covered out-of-network
Beech Street	Covered in/out-network	Covered in/out-network	Covered out-of-network
UnitedHealthcare	Covered in/out-network	Covered using the UHC PPO in/out provider network	Covered out-of-network
NAU Only			
BlueCrossBlueShield PPO		Outside AZ: Covered as in-network *only* if you receive covered services from a provider who participates as a PPO provider with the local BCBS plan. For assistance in locating a local BCBS network provider in another state, call 1.800.810.2583.	For assistance with locating a provider and submitting claims, call 1.800.810.2583 or 1.804.673.1686. For an international claim form, go to www.bcbs.com/bluecardworldwide/index.html
PHARMACY			
Walgreens Health Initiatives	Covered in-network	Covered in-network	Not Covered
DENTAL			
Prepaid Plans			
Assurant Employee Benefits	Covered in-network	Emergency Only	Emergency Only
EDS	Covered in-network	Emergency Only	Emergency Only
PPO Plans			
Delta Dental	Covered in/out-network	Covered in/out-network	Covered out-of-network
MetLife Dental	Covered in/out-network	Covered in/out-network	Covered out-of-network
VISION			
Avesis	Covered in-network	Covered out-of-network	Covered out-of-network

Note: Treatment will be subject to the Plan Description.

LIFE INSURANCE BENEFITS

Basic Life Insurance and AD&D

You are automatically covered for $15,000 of basic life insurance provided by Standard Insurance at no cost to you. The State also pays for an additional $15,000 of Accidental Death and Dismemberment (AD&D) insurance coverage. A $15,000 Seat Belt Benefit may also be payable if you die in an automobile accident and are wearing a seat belt. You are automatically covered in these three programs. No enrollment is necessary.

Supplemental Life Insurance and AD&D

Supplemental life insurance coverage is available to employees who would like additional life insurance beyond what the State provides. Your cost is based on your age as of October 1st (the first day of the plan year). The maximum amount of supplemental life insurance that you can elect through the State's group plan is three times your annual base salary, or $300,000, whichever is less. Your employee supplemental AD&D coverage is the same as the supplemental life amount that you elect.

When electing or changing supplemental life after the initial offering, you may increase or decrease your supplemental life coverage. You may increase in multiples of $5,000 up to a maximum $20,000 per year. You may also decrease your coverage in multiples of $5,000 or cancel your coverage. Supplemental life coverage above $35,000 is paid on an after-tax basis, and may be cancelled at any time.

In the event of your death, employee life and AD&D benefits are paid to your designated beneficiary. It is important to keep your beneficiary information current. You may change your beneficiary using the web enrollment system during Open Enrollment. Remember: Adding a beneficiary does not automatically delete a previously-designated beneficiary. If you wish to change a previously designated beneficiary, you must actively do so while enrolling via the website.

Dependent Life Insurance

You may purchase life insurance coverage for your spouse and/or dependents in the amount of $2,000, $4,000, $6,000, $12,000, or $15,000. You do not have to elect any Standard Supplemental coverage for yourself in order to choose this dependent plan. Each person will be covered for the amount you choose for a small monthly premium. In the event of a claim, you are automatically the beneficiary.

Short Term Disability (STD) Insurance

If you elect Short Term Disability (STD) insurance and Standard, the insurance carrier determines that, based on a medical opinion, you are unable to work due to illness, pregnancy, or a non-work-related injury, you may receive a weekly Benefit for up to 26 weeks. The STD Benefits will pay up to 66-2/3% of your income during your disability. The weekly minimum Benefit is $57.69; the weekly maximum Benefit is $769.27. There are no pre-existing condition limitations. You must meet the actively-at-work provision. Coverage becomes effective on the pay period start date following the agency's receipt of completed forms or successful Y.E.S. use. Your Benefits will start on your first day of disability due to accident or the 31st day of disability due to illness or pregnancy, if coverage was elected during your initial new hire/eligibility enrollment period.

If you previously waived STD coverage and enroll during Open Enrollment or due to a Qualified Life Event, your insurance becomes effective as follows:

- On the following October 1 if you apply during Open Enrollment.
- On the date of the Qualified Life Event for changes resulting from births, adoptions and placements for adoption; or, on the later of (a) the date of the Qualified Life Event, and (b) for any other Qualified Life Event, the pay period date following agency receipt of completed forms.

If you become disabled during the first 12 months of coverage, your Benefits will start on the 61st day of disability due to illness or pregnancy.

The Standard STD plan provides a Return to Work incentive program. See plan information for details on this program.

Long Term Disability (LTD) Insurance

As a Benefits-eligible employee, you are automatically enrolled in one of the State's two Long Term Disability (LTD) programs, starting with your first day of work (participation is mandatory). The retirement system to which you contribute determines the LTD program available to you. Refer to the list below for the name of your LTD program:

Arizona State Retirement System (ASRS): Sedgwick, CMS (formerly VPA, INC) is administered through ASRS. Your LTD Benefit will pay up to 66-2/3% of your monthly income during your disability as determined by Sedgwick, CMS and based on supporting medical documentation. Your Benefits may be subject to an offset based on Social Security payments, retirement Benefits and other disability Benefits. LTD Benefits can be paid until age 65 or until you are able to return to work after your disability as determined by Sedgwick, CMS. Medical

documentation of your disability is required to continue your payment of Benefits. You may learn more about the LTD plan offered by ASRS by visiting: *www.azasrs.gov* or calling 602.240.2000 or 1.800.621.3778, if outside of Phoenix. For hearing impaired, please contact TTY 602.240.5333

Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan (CORP), Elected Officials' Retirement Plan (EORP), Optional Retirement Plans of the Universities (TIAA-CREF, VALC, and Fidelity Investments): Standard Insurance administered through ADOA. Your LTD Benefit will pay up to 66-2/3% of your monthly income during your disability as determined by The Standard and based on supporting medical documentation.

Your Benefits may be subject to an offset based on Social Security payments, retirement Benefits and other disability Benefits.

LTD Benefits can be paid until age 65 or until you are able to return to work after your disability as determined by The Standard. Medical documentation of your disability is required to continue your payment of Benefits. You may learn more about the LTD plan offered by The Standard by visiting: *www.standard.com* or calling 1.800.447.3146.

If you are facing a possible long-term disability, you should contact your agency Benefit liaison or human resources office within 60 to 90 days from the date of your illness or injury for the information you need to apply for LTD Benefits. This could include a waiver of insurance premiums (while collecting LTD, the LTD carrier may waive your life insurance premiums) or life insurance conversion (converting your supplemental policy from a group policy to an individual one). Although your life and/or disability insurance may be waived, your medical, dental and vision insurance premiums are not waived. You are still responsible for payment of these premiums.

FLEXIBLE SPENDING ACCOUNTS

You have the option to participate in the medical and/or dependent care (child care) flexible spending accounts (FSA) administered by ASI, our Flexible Program Administrator. These accounts allow you to reduce your taxable wages and to save taxes. Here is how these work:

- You must enroll every year – your elections do not carry over to the new plan year.
- You specify the annual dollar amount of your earnings to be deposited to each account. This annual amount is deducted in 26 equal payments, one each pay period.
- The amount is deducted from your check before taxes are taken out, lowering your taxable income and possibly lowering your tax liability.
- Throughout the year, after you incur an eligible expense, you submit a claim form and copies of your invoices to ASI for reimbursement. To ensure that you will be reimbursed for a given expense, you are encouraged to verify the eligibility of the expense on the ASI website, *www.asiflex.com*, before incurring the expense.
- ASI reimburses you from the money you have set aside in your Flexible Spending Accounts. ASI processes claims for reimbursement on a daily basis.
- ASI offers direct deposit for your reimbursement and email notification of your reimbursement. Complete the application for direct deposit on the ASI website, *www.asiflex.com*.

Remember: dependent care is for child care and elder care. Dependent medical and/or other expenses should be submitted through enrollment in the medical spending account - not the dependent care account.

It is important to set aside only as much money in your Flexible Spending Accounts as you intend to use each plan year. Beginning in October 2007, the eligible time to utilize services for claims reimbursement for medical account only has been extended to 2 and 1/2 months after the plan year ends. This means you have from October 1, 2007, through December 15, 2008, to utilize services for the plan year beginning on October 1, 2007. All claims for medical expenditures must be filed with ASI prior to the last day of January following the close of the reimbursement period, January 31, 2009, for the plan year beginning October 1, 2007.

Dependent care services must be utilized in the applicable plan year. (For example, child care services must be incurred (provided) between October 1, 2007, and September 30, 2008, for the plan year starting October 1, 2007). Claims for dependent care must be filed at ASI no later than midnight on the last day of December following the close of the plan year. (December 31, 2008, for the plan year beginning October 1, 2007).

Medical and Dependent Care Flexible Spending Accounts

	MEDICAL CARE	DEPENDENT CARE
Maximum Contributions	$5,000 annually	$5,000 annually ($2,500 if married and filing separately)
Minimum Contributions	$130 annually	$260 annually
Use of the Account	* To pay (with pretax money) for health-related expenses that are not covered or only partially covered by your health plans, including expenses for your spouse or children not enrolled in your medical, dental, or vision plans. * To pay for over-the-counter medications that will be used to treat an existing or imminent condition	* Expenses for care, of an eligible dependent, that is provided inside or outside your home. * Care provided for your children under the age of 13 for whom you have custody, for a physically or mentally handicapped spouse or other dependents who spend at least eight hours a day in your home * Dependent care provided so that you can work
Samples of Eligible Expenses	* Co-payments * Deductibles * Charges above reasonable and customary limits * Dental fees * Eyeglasses, exam fees, contact lenses and solution, LASIK surgery * Orthodontia * Nonprescription medications (e.g., cold medicines, allergy medicines, antacids, pain relievers)	* Services provided by a day care facility. Must be licensed if the facility cares for six or more children * Babysitting services while you work * Practical nursing care * Preschool
What's Not Covered	* Premiums for medical or dental plans * Items not eligible for health care tax exemptions by IRS (e.g., cosmetic surgery) * Long-term care expenses	* Private school tuition including kindergarten * Overnight camp expense * Babysitting when you are not working * Transportation and other separately billed charges * Residential nursing home care
Restrictions/Other Information	* See IRS Publication 502 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at www.asiflex.com for specific details on what expenses are allowed * You cannot transfer money from one account to the other * Your election amount may be increased (but not decreased) if you have a Qualified Life Event	* See IRS Publication 503 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at www.asiflex.com for specific details on what expenses are allowed * You may not use the account to pay your spouse, your child who is under age 19 or a person whom you could claim as a dependent for tax purposes * You cannot change your election unless you have a Qualified Life Event

Any monies not claimed by the employee within the specified time period allowed will be forfeited in accordance with the Internal Revenue Service Regulations.

At your request, your FSA reimbursement may be deposited into your checking or savings account by enrolling in Direct Deposit. To obtain an application, visit the ASI website at *www.asiflex.com*.

Tax Credit

There are additional IRS rules that apply to your Dependent Care Flexible Spending Account contributions. You may be eligible to claim the dependent care tax credit on your Federal income tax return. You may want to consult a tax advisor to determine whether participating in the Dependent Care Flexible Spending Account or taking the dependent care tax credit gives you the greater advantage.

Using Your Flexible Spending Accounts

You have several options for obtaining and filing a claim against your Flexible Spending Account. You may obtain a claim form in the following ways:

- You will be sent an initial packet containing claim forms. These may be copied.
- On the web - You may download a claim form at *www.asiflex.com*.
- On the phone - You may call ASI at 1.800.659.3035 and request a claim form.
- By mail - You may request a claim form by sending a written request to: P.O. Box 6044, Columbia, MO 65205.

You will need to fill out your claim form and attach copies of invoices for services you received. Fax your claim and documentation, toll-free, to ASI or mail the claim form to the address shown above and wait to receive your reimbursement by direct deposit or check. If you wish to start direct deposit of your reimbursements after the Open Enrollment period, you will need to do so through ASI. The direct deposit request form is available at *www.asiflex.com*. You may also have your statements sent to you by email. Go to *www.asiflex.com* and follow the links to sign up. See your agency Benefit liaison if you have questions or problems obtaining or submitting a claim.

FLEXIBLE SPENDING ACCOUNTS (FSA) WORKSHEET

Deciding How Much to Deposit

Calculate the amount you expect to pay during the plan year and calendar years for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed the established IRS calendar year or your employer's plan year limits (Medical limit = $5,000; Dependent Care limit = $5,000). Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you.

TAX-FREE MEDICAL EXPENSE WORKSHEET	TAX-FREE DEPENDENT CARE WORKSHEET
Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year, which is October 1, 2007 through December 15, 2008. **YOUR UNINSURED MEDICAL, DENTAL, AND VISION EXPENSES** $_____ $_____ $_____ $_____ $_____ $_____ **SUBTOTAL** Estimated eligible uninsured medical expenses for your period of coverage during the year cannot exceed $5,000. $_____ **DIVIDE** by the number of paychecks (26) you will receive during the plan year. **This is your pay period contribution = $_____**	Estimate your eligible dependent expenses for the plan year, which is October 1, 2007 through September 30, 2008. **NUMBER OF WEEKS** you will have dependent (child, adult or elder) care expenses from October 1 through September 30, for the plan year. *Remember to subtract holidays, vacations, and other times you may not be paying for eligible child adult, or elder care.* Weeks _____ **MULTIPLY** by the amount of money you expect to spend each week $_____ **SUBTOTAL** Remember, your total contribution cannot exceed IRS limits for the calendar year and your employer's plan year*. $_____ **DIVIDE** by the number of paychecks (26) you will receive during the plan year. **This is your pay period contribution = $_____**

EMPLOYEE WELLNESS

Being healthy one moment is one thing. Staying healthy over the long run is yet another …

This is why one of the most important benefits for State employees is the employee wellness program, Benefit Options Wellness. The Wellness Program offers State employees and retirees, and in some instances their families, health education, screenings and more. The State of Arizona values your health. The Wellness Program's goal is to provide services that assist employees in creating healthy lifestyles, detecting health issues early and managing existing conditions. In the last year, Wellness has provided over 650 worksite classes and screenings with almost 14,000 participants. The Wellness Program also provided 16,971 influenza vaccinations to employees, retirees and their families in 2006's flu season. An addition to the Wellness Program this year is the Mayo Clinic Health Risk Assessment and EmbodyHealth Web Portal, which allow employees to become knowledgeable about their health and provides free Mayo Clinic Lifestyle Coaching to help employees make healthy changes. The EmbodyHealth Web Portal *www.bewellstaywell.az.gov* has an abundance of tools, resources, and online programs to assist employees in becoming well and staying well.

Wellness services are available at low or no-cost and are provided by contracted professionals who will travel across Arizona providing employees with health education or screening services.

The Wellness Program offers:

- Health education classes focusing on nutrition, stress management, chronic diseases and more
- Weight Watchers at Work – 10-week sessions
- Mini-health Preventative screening (cholesterol, blood pressure, body composition, blood glucose, optional osteoporosis and prostate specific antigen).
- Mobile Onsite Mammography –mammograms at worksites across Arizona. These results are sent directly to your physician.
- Skin cancer screening
- Onsite chair massage
- Annual flu vaccine program beginning in the fall each year

Benefit Options Wellness is a request-based program; services are scheduled at worksites where an employee has requested them. Therefore, the Wellness program relies on State employees to bring Wellness events to their worksites.

To learn how to request a service at your office, or for additional information and a complete listing of services, visit the website at *www.benefitoptions.az.gov/wellness* (also available through *www.yes.az.gov*)

Other Wellness Services include:

- Monthly Newsletter (wellNEWS) – this electronic newsletter is sent via email to Wellness Coordinators in each agency. Each coordinator sends the newsletter to employees within that agency.
- Wellness Program Website – the website provides many online resources the monthly newsletter, and monthly Wellness events scheduled throughout the state.
- More to come – look for more programs and services coming from the Wellness Program throughout the year by visiting *www.benefitoptions.az.gov/wellness*

What employees are saying about the services of the Wellness Program:

Wellness Services – "Thank you so much for your help setting up Wellness events for our agency. The Wellness Program has given us great service and our employees are enjoying the programs that come out of your office."

Mobile Onsite Mammography (MOM) – "If MOM hadn't been available at work, I wouldn't have gotten a mammogram. I don't want to take time off work to get it done, so it's nice I could do it right at work and it only took 15 minutes!"

Mini-Health Screening – "I was unaware that my cholesterol and blood pressure were high. This screening was a wake up call for me to see my doctor and starting living a healthier lifestyle. Thank you!"

Skin Cancer Screening – "Had it not been for the cancer screening (and my nagging yet wonderful husband) I could be in some serious trouble now and possibly facing chemotherapy. Thank you, thank you for providing this valuable service to state employees and their families. I urge anyone who even thinks they would like confirmation that the spot on [his/her]arm, leg or wherever, is just a mole or freckle to make an appointment and participate in the screening. It really is worth the time."

Weight Watchers – "I am so happy that a co-worker asked me to attend. This is great … at work and sharing stories with new friends especially our coach! In the past 6 weeks I've lost 10 pounds and feel great! Thanks again for the support of the state to link with this great program."

Benefit Options Wellness is here to help you be well today and stay well for life.

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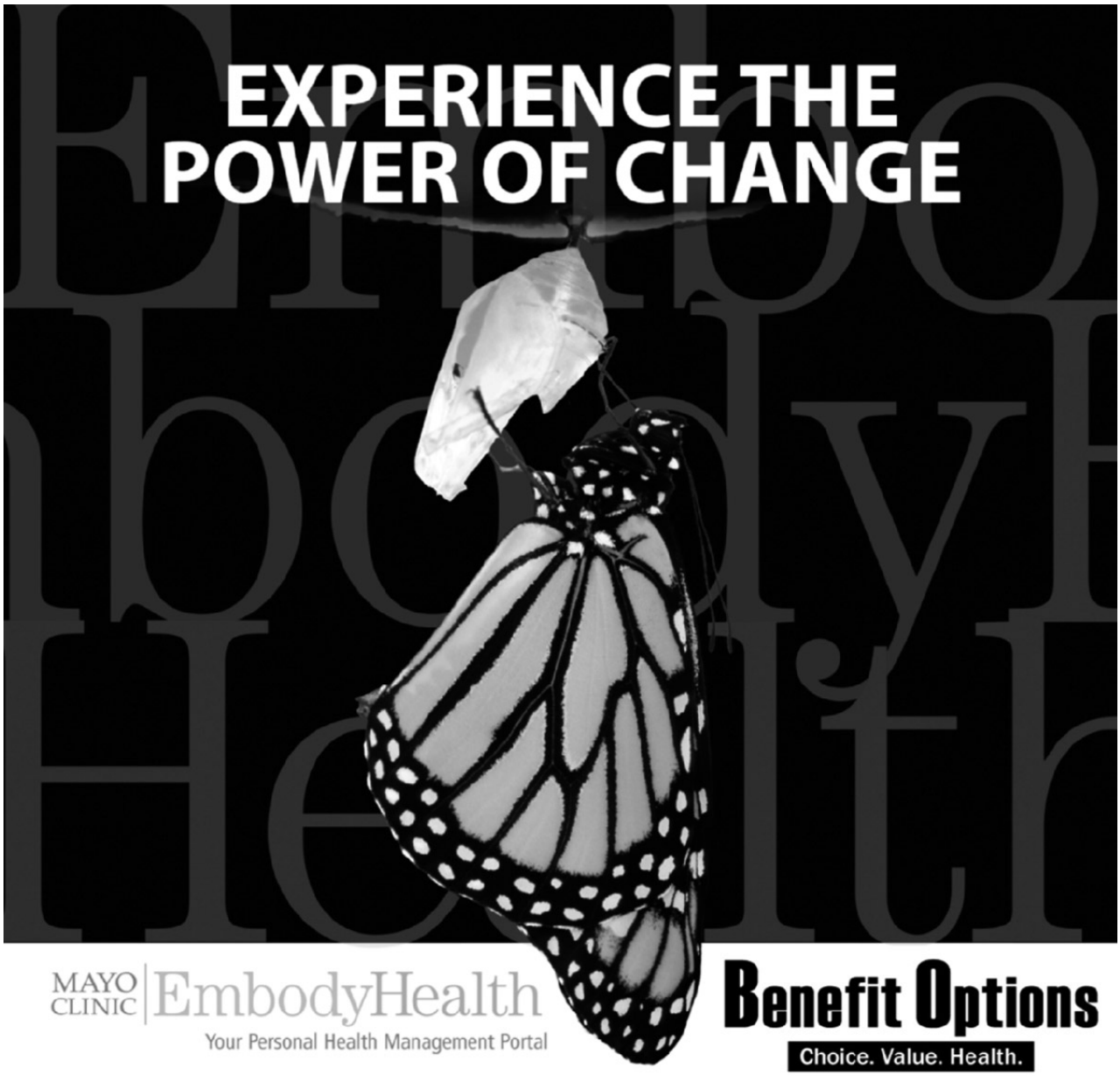

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